

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

NELSON LLAVATA,

Plaintiff,

vs.

COLE MORROW; BRUCE BANNISTER,

Defendants.

Case No.: 2:11-cv-00250-GMN-CWH

ORDER

Pending before the Court is the Report and Recommendation of the United States Magistrate Judge C.W. Hoffman, Jr. (ECF No. 75.) Plaintiff Nelson Llavata (“Plaintiff”) filed an Objection. (ECF No. 79.) Defendants Cole Morrow and Bruce Bannister (“Defendants”) filed a Response to Plaintiff’s Objection (ECF No. 81) and Plaintiff filed a Reply (ECF No. 82). For the reasons discussed below, the Court will accept Judge Hoffman’s Report and Recommendation to the extent that it is not inconsistent with this Order.

I. BACKGROUND

Plaintiff is a prisoner in the custody of the Nevada Department of Corrections (NDOC) and currently housed in the Northern Nevada Correctional Center.¹ (Notice of Change of Address, ECF No. 29.) Plaintiff commenced this litigation on February 14, 2011, when he filed his Motion for Leave to Proceed *in forma pauperis*. (ECF No. 1.) Plaintiff’s Complaint alleges that he was denied medical treatment in violation of his civil rights. (Compl. 4, ECF No. 6.) Plaintiff further alleges that Defendants violated his Fourteenth Amendment rights to Due Process and Equal Protection of the Law. (*Id.*)

¹ Plaintiff was originally housed at Lovelock Correctional Center. (Am. Compl. ¶ 1, ECF No. 7.) However, on November 7, 2011, Plaintiff filed a Notice of Change of Address that notified the Court that he had been relocated to the Northern Nevada Correctional Center in Carson City, Nevada. (Notice of Change of Address, ECF No. 29.)

1 Thereafter, the Court granted Plaintiff leave to proceed *in forma pauperis* pursuant to 28
2 U.S.C. § 1915 and instructed Plaintiff to file an amended complaint more fully articulating his
3 Eighth Amendment claim for deliberate indifference to his medical needs. (Order, ECF No. 5.)
4 On May 4, 2011, Plaintiff filed his First Amended Complaint. (First Am. Compl., ECF No. 7.)
5 Subsequently, on May 31, 2011, the Court entered its screening order finding that Plaintiff had
6 pled facts sufficient to support his Eighth Amendment claim for deliberate indifference to his
7 medical needs. (Screening Order, ECF No. 8.)

8 Plaintiff subsequently filed a Motion to Amend his Complaint and file a Second
9 Amended Complaint. (Mot. to Am., ECF No. 54; Proposed Second Am. Compl., ECF No. 54-
10 1.) Specifically, Plaintiff sought to replace Defendant John Doe Number One with Romeo
11 Aranas. In their opposition to Plaintiff's motion, Defendants did not object to Plaintiff's request
12 to include Romeo Aranas as a Defendant. However, Defendants did object to Plaintiff's filing
13 of his Second Amended Complaint because it includes other changes that were not properly
14 identified. In his Reply, Plaintiff conceded that his Second Amended Complaint should not be
15 filed because it includes other changes not clearly identified. Thus, in his Reply, Plaintiff
16 limited his request to replacing John Doe Number One with Romeo Aranas.

17 On October 22, 2012, Magistrate Judge Hoffman issued a Report and Recommendation
18 that recommended Plaintiff's Motion for Leave to Amend Complaint be "**granted subject to**
19 **the modification** that Plaintiff be given leave to amend his First Amended Complaint to replace
20 Defendant John Doe Number One with Romeo Aranas in the First Amended Complaint . . . , but
21 not given leave to file the Proposed Second Amended Complaint." (R&R 3:9-13, ECF No. 75.)
22 Specifically, the Report and Recommendation recommended that:

23 Plaintiff's First Amended Complaint be amended to replace John Doe with
24 Romeo Aranas as follows: (1) once on page 2 at ¶¶ 4 and 5, (2) twice on page
25 4 at ¶ 2, (3) once on page 5 at ¶ 1, (4) once on page 7 at ¶¶ 1 and 2, (5) once
on page 8 at ¶ 1, (6) once on page 9 at ¶ 1, and twice on page 10 at ¶ 1.

(R&R 3:3-6, ECF No. 75.)

1 **II. LEGAL STANDARD**

2 A party may file specific written objections to the findings and recommendations of a
3 United States Magistrate Judge made pursuant to Local Rule IB 1-4. 28 U.S.C. § 636(b)(1)(B);
4 D. Nev. LCR IB 3-2. Upon the filing of such objections, the district court must make a *de novo*
5 determination of those portions of the Report to which objections are made. *Id.* The district
6 court may accept, reject, or modify, in whole or in part, the findings or recommendations made
7 by the magistrate judge. 28 U.S.C. § 636(b)(1)(C); D. Nev. IB 3-2(b). However, the district
8 court need not conduct a hearing to satisfy the statutory requirement that the district court make
9 a “*de novo* determination.” *United States v. Raddatz*, 447 U.S. 667, 674 (1980) (observing that
10 there is “nothing in the legislative history of the statute to support the contention that the judge
11 is required to rehear the contested testimony in order to carry out the statutory command to
12 make the required ‘determination’”). Rather, a hearing is required only when the district court
13 “reject[s] a magistrate judge’s credibility findings made after a hearing on a motion to
14 suppress.” *United States v. Ridgway*, 300 F.3d 1153, 1154 (9th Cir. 2002).

15 Before trial, and after previously amending its pleading once as a matter of course, “a
16 party may amend its pleading only with the opposing party’s written consent or the court’s
17 leave.” Fed. R. Civ. P. 15(a)(2). The court should “freely give” leave to amend when there is no
18 “undue delay, bad faith[,] dilatory motive on the part of the movant . . . undue prejudice to the
19 opposing party by virtue of . . . the amendment, [or] futility of the amendment” Fed. R.
20 Civ. P. 15(a); *Foman v. Davis*, 371 U.S. 178, 182 (1962). Generally, leave to amend is denied
21 only when it is clear that the deficiencies of the complaint cannot be cured by amendment. *See*
22 *DeSoto v. Yellow Freight Sys., Inc.*, 957 F.2d 655, 658 (9th Cir. 1992).

23 **III. DISCUSSION**

24 On November 14, 2012, Plaintiff filed an objection to the Report and Recommendation.
25 (ECF No. 79.) In his objection, Plaintiff objects to the specific locations in his Amended

1 Complaint that the Report and Recommendation recommended Dr. Aranas be inserted. (*Id.*)
 2 Defendants filed a Response to Plaintiff's Objection in which Defendants argue that Plaintiff
 3 failed to provide the Court with a basis for why his opinion differs from that of the Report and
 4 Recommendation. (ECF No. 81.) Plaintiff filed a Reply explaining that he only objects to his
 5 being required to include Romeo Aranas "once page 4 at ¶ 3; once on page 5 at line 3; twice on
 6 page 7 at ¶¶ 1 and 2; and once on page 8 at line 1."²

7 Having read the Report and Recommendation and the Objection and briefing by the
 8 parties, the Court finds no reason to disagree with the Report and Recommendation. Thus, the
 9 Court concludes that Plaintiff shall amend his First Amended Complaint (ECF No. 7), attached
 10 to this Order as Exhibit 1, to substitute Romeo Aranas for Dr. John Doe in the following
 11 locations:

- 12 1) once each on page 2 at ¶¶ 4 and 5;
- 13 2) twice on page 4 at ¶ 2;
- 14 3) once on page 5 at ¶ 1;
- 15 4) once each on page 7 at ¶¶ 1 and 2;
- 16 5) once on page 8 at ¶ 1;
- 17 6) once on page 9 at ¶ 1 which is currently a blank; and,
- 18 7) twice on page 10 at ¶ 1.

19 **IV. CONCLUSION**

20 **IT IS HEREBY ORDERED** that Magistrate Judge Hoffman's Report and
 21 Recommendation (ECF No. 75) be **ACCEPTED**, in full, to the extent that it is not inconsistent
 22 with this Order.

23 **IT IS FURTHER ORDERED** that Plaintiff's Motion for Leave to Amend Complaint
 24 (ECF No. 54) is **GRANTED** in part. Plaintiff is permitted to replace Defendant John Doe

25 ² The Court notes that these substitutions, about which Plaintiff is objecting, were not included in the Report and Recommendation. (*See* R&R 3:3-6, ECF No. 75.)

1 Number One with Romeo Aranas in his First Amended Complaint as provided in this Order.

2 **IT IS FURTHER ORDERED** that Plaintiff shall file his Amended Complaint **as a**
3 **“Second Amended” Complaint by Wednesday, May 1, 2013.** Plaintiff is **not given leave** to
4 file his “*Proposed* Second Amended Complaint” (ECF No. 54-1) that he filed with his Motion
5 for Leave to Amend Complaint.

6 **DATED** this 29th day of March, 2013.

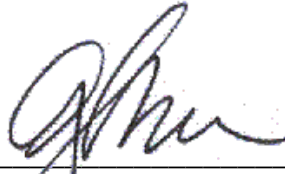
7 
8
9 Gloria M. Navarro
10 United States District Judge

EXHIBIT 1

Nelson Prieto A.K.A Nelson

Name

LLAVATA # 1044443

1200 Prison Rd. Lovelock

Nevada 89419

Prison Number

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

Nelson Prieto

A.K.A.

Nelson Llavata

Plaintiff,

vs.

Cole Morrow

Bruce Bannister

Dr. John DOE

Defendant(s).

CASE NO. 2:11-CV-00250-GMN-LRL

(To be supplied by the Clerk)

"FIRST AMENDED"

CIVIL RIGHTS COMPLAINT

PURSUANT TO

42 U.S.C. § 1983

"Jury Trial Demanded"
F.R. Civ. P. Rule 38.

A. JURISDICTION

- 1) This complaint alleges that the civil rights of Plaintiff, Nelson Prieto AKA Nelson Llavata
(Print Plaintiff's name)

who presently resides at Lovelock Corr. CTR. 1200 Prison Rd. ^{Lovelock, NV. 89419}, were

violated by the actions of the below named individuals which were directed against

Plaintiff at H.D.S.P. / Indian Springs Nevada on the following dates
(institution/city where violation occurred)

(12-8-09 TO DATE)
(Count I) (Count II) , and (Count III)

Make a copy of this page to provide the below
information if you are naming more than five (5) defendants

2) Defendant Cole Morrow resides at H.D.S.P. P.O. Box 650 Indian Springs NV 89070
(full name of first defendant) (address if first defendant)
and is employed as Associate Warden H.D.S.P.. This defendant is sued in his/her
(defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: Nevada State employee, Associate Warden
H.D.S.P.

3) Defendant Bruce Bannister resides at H.D.S.P. P.O. Box 650 Indian Springs NV 89070
(full name of first defendant) (address if first defendant)
and is employed as Medical Director H.D.S.P.. This defendant is sued in his/her
(defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: Nevada State employee, As Medical Director
for Department of Prison

4) Defendant Dr. John Doe resides at H.D.S.P.
(full name of first defendant) (address if first defendant)
and is employed as Doctor. This defendant is sued in his/her
(defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: _____

5) Defendant Dr. John Doe resides at H.D.S.P.
(full name of first defendant) (address if first defendant)
and is employed as Doctor. This defendant is sued in his/her
(defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: _____

67) Jurisdiction is invoked pursuant to 28 U.S.C. § 1343 (a)(3) and 42 U.S.C. § 1983. If

B. NATURE OF THE CASE

I have an organic titanium rod and 6 screws in my left leg from a Motorcycle accident that occur in 2001 resulting in surgery, Prior to my incarceration. I was told I needed to wait a lapse of time of 5-6 years to further fix my "Maniscus" and to removed or replace the screws. I was arrested on September 9, 2009 and while in County Jail (C.C.D.C.) I was receiving medical attention, But I was transferred into The Nevada Dept. of Corrections (N.D.C.) custody on December 8, 2009, and placed at the High Desert State Prison (H.D.S.P.) facility at Indian Springs Nevada. I made the officers aware of my medical condition, and need of further treatment, and that I was in pain. But between December 8, 2009, and January 20, 2011. I only received a TOTAL of 24 I.b. Profm pills, a few bandaids and a gauze bandage for my leg (because it was bleeding from the surgery incision because I fell and incurred damage to my leg.) I filed many Medical Kites, grievances and complaints to the board of Medical Examiners and to the Dept. of Justice. I told medical personnel that I now needed the surgery to fix my "Maniscus" and also because of the accident that occurred in October of 2010. My leg was bleeding from the old surgery incision and that I was constantly in pain. but I was told by Medical personnel that treatment

Nature of The Case Cont.

- Wasn't even possible" further I was informed that I had high blood pressure, and should get it checked often, however despite requesting it on the Medical visit I did have, My blood pressure was never again checked at the H.P.S.P. facility in over 1 years time.

During My 1 year and 43 day stay there I was "seen" by a doctor only 3 times, two of those visits were with Defendant Dr. John Doe During March and May 2010. and the 3rd visit was with Defendant (Dr. John Doe) On The October 2010 visit. (which was because of the accident I incurred). neither of these visits resulted in scheduling of Surgery, or further treatment. Despite the obvious swelling, bruise, and bleeding, my Constant Pain.

Since my transfer to The Louelock Corr. Ctr. On January 20, 2011 The level and frequency of Care has improved, However I am still in Pain and in need of Surgery to repair my "Mauveus" or to replace or remove the screws in my leg. And because of the fall/accident I incurred my leg has a wound that remains unhealed and often bleeds when I shower, and my leg is swelled and causes me Pain. As of today no Surgery has been Plan or schedule.

C. CAUSE OF ACTION

Count I

"My 8th Amendment right to the U.S. Constitution were and are being Violated by N.P.O.C. employees Defendants C. Morrow, B. Bannister, John Doe, John Doe, when they knowingly Ignore and Denied/Delay Me Medical treatment to my left leg/Knee which requires Surgery, Causing me to Suffer Pain for more than a year and Possible future permanent Injury."

Supporting facts;

In 2001 Prior To my arrest On September 9, 2009 (and Subsequent Placement In the Clark County Detention Center) I was in a motorcycle accident that required me to get an ~~and~~ organic titanium rod, and 6 screws, Placed in my left leg/Knee. I was told by the Surgeon I would need further surgery to repair my "Meniscus" and to removed or replaced The screws and that I needed To wait a lapse of time of 5-6 years for my bone to recover. I came to The U.S.A. and was arrested On September 9, 2009. During My 91 day stay at the Detention Center. I was experiencing Pain In my left Leg/Knee

Count I Cont.

I made the Medical personnel aware of my Medical Condition, and They gave me Some treatment in the form of prescribing; Pain Pills, The taking of an X-RAY, and scheduling me for further Medical Visits to determine the Care I Needed.

On December 8, 2009 I was transfer in to the Nevada Dept. of Corrections (N.D.O.C.) and Placed at the High Desert State Prison (H.D.S.P.) This Information regarding my Medical Condition was Send with me. I myself told the officers at H.D.S.P. of my Condition and advised them of my need for further treatment and the need for Surgery to fix my "Maniscus" and or to replaced my screws to relief me of my Pain, During the "Orientation" process On my first day there. I was allowed to Very briefly Talk to a nurse, and later another Medical personnel drew some blood from me. but I was not given anything for my Pain. Nor seen by a Doctor. Even though I advise them I was already taking Pain Pills at The Detention Center. (C.D.C.).

Between December 18, 2009 and March 2010. (3 month time) I submitted Several Medical Kites Doc-2500 form requesting to be seen and treated by Medical.

COUNT I CONT.

- But at first these were ignored finally in Mid-March 2010. I was seen by Defendant Dr. John Doe, who only prescribe 12 I.B. Profin Pills for my pain, I was sent away without any further visits or treatment schedule, I told him to check my blood pressure, but I was denied that too.

I re-submitted Medical Files because I was still in pain and told them I believe I need surgery to cure me of my pain, in May 2010. I was again seen by Defendant Dr. John Doe for the 2nd time, he again only prescribe a "Pain Pack" of 12 I.B. Profin Pills 400mg. and did absolutely nothing to submit me for approval for surgery or anything of that nature. I told him because of the pain I was having trouble sleeping, and struggle from E to chow time. and that maybe it was the screws that needed to be shorten or replaced. But he simply brushed me off. I also requested my blood pressure check and was denied.

The "Pain Pack" ran out, I was still feeling pain and re-submitted Medical Files, no action was taken. This caused me to file an informal grievance (Doc 3091 form) On May 18, 2010 See, Exhibit "2" This grievance was signed by grievance coordinator Defendant C. Morrow who is the Acting Associate Warden at H.D.S.P., In This grievance

COUNT I CONT.

I STATED "That The Defendant Dr. John Doe only brushed me off, Concerning my leg needed surgery and that I was in constant pain and the pain pills Did not fully relief me of my pain." This Internal grievance was assigned to a B. Hartman. The official Response came from L.C. ADAMS Dated June 10, 2010 Stating. "You do not have the opportunity to choose your own doctor here, So you must see whoever available at the time of your Appointment. Any of our providers would have given you the same treatment and opinion, because the information he gave you and the treatment he provided is in accordance with the N.D.O.C Medical procedures for your Medical problem. Grievance denied." See Exhibit 3 p 2.

I Continued to Submit Medical Notes because the pain would not let me sleep well at night and I struggle to walk to and from chow time. On July 1, 2010 I Proceeded to the first level of the grievance procedure this grievance was again Signed by Defendant C. Morrois. But Due to my unfamiliarity with the process, this grievance was returned to

COUNT I CONT.

me saying "Submit New level one and attach copy of informal grievance with response" See Exhibit "4". I submitted the 1st level as instructed. On July 21, 2010, I stated that I was not trying to choose a Doctor but I needed to be seen by a specialist and that the pain pills were not doing me any good for my Pain. This grievance was assigned to C. Sablica and he gave the official response of "Mr. Blawie, an appointment has been scheduled for you to discuss your concerns with one of our providers. You will be notified the day of Appointment, Grievance Denied." See Exhibit "5p2".

Despite This Response, No Date of Appointment was ever provided. (However I did get to see Defendant Dr. [redacted] in October 2010, but that was because of the Accident I incurred).

EXT "6" On October 12, 2010 I proceeded to the 2nd level grievance process. I stated that the last Doctor didn't do anything to address my Medical problem and that the Pain pills did not kill my Pain. This grievance was again sent by Defendant C. Morrow who did absolutely nothing to provide me with adequate Medical Care, despite my numerous complaints. This grievance was assigned to Defendant B. Bannister, who is the Medical Director of N.P.O.C. and should of provided me with the proper Medical treatment. His official Response was "I agree with the 1st level response." Dated November 18, 2010, See Exhibit "7".

This Defendant B. Bannister who is the Director of Medical Services for N.P.O.C. Should have taken Action and Exercise his Authority to determine the extent of my Injury and Pain. And Neglected to do so. by Denying My 2nd level grievance.

After my 2nd level was denied, IT concluded my exhaustion of administrative Remedys. IT has been almost a year since entering H.P.S.P. facility and I still had no treatment let alone a plan on how to go about my Medical need to Relieve me of my Pain.

Count I Cont.

Furthermore On or About October 2010. while assigned to Unit 4CD AT H.P.S.P. During yard time, I was walking along the basket ball Court when all of a sudden my left knee got weak and I fell to the concrete floor, further injuring my left leg/knee. This cause me to scrape my old Surgery incision. I Notify The On Duty officer (C/O Sr. Owens) of what had occur, but he only logged it, he case The Prison had a "Health and Wellfare" check. I wouldn't go to the Hole because of my scrapes. 3 days later, I was still in pain and the Scaps from the New Injury were Itching me, so I scratch myself, this cause me to bleed profouly from my previous scar from Surgery. I Notify The On Duty officer (C/O Plater) of the bleeding, he called in a "Man Down" I was send to Medvocal. A nurse bandage my leg to stop the bleeding and gave me antibiotics for 7 days and Tylenol. I was send away. The following Morning when I woke up my bandage was Soak in blood and I was still bleeding, I told officer (C/O Sr. Owens) to call Medvocal again. This time I was seen by Defendant (Dr. John Doe) he re-bandage my leg. I took advantage to express my concerns for my Medical Need to Defendant Dr. John Doe. I advise him of my constant Pain, And the need for further Surgery to fix my "Manisus". But I was told it wasn't possible, And send away. I Continue to Request bandages because the wound would not heal and look infected and kept bleeding. See, Request for bandages Exhibits "8".

To Date That wound has not fully heal and remains open, it bleeds when I shower and I'm still in Pain.

In November 2010 I met with inmate -

Count I Cont.

Thomas Johnson, who works with FBI Las Vegas Nevada, field office, and has been monitoring prison officials violating inmates rights. He help me filled out A U.S. Department of Justice Complaint form. See Exhibit "9" - Inmate (Johnson) is a witness to some of the events that were occurring to me. I have yet to hear from The U.S. Dept. of Justice.

On February 2, 2011. I Mailed A Nevada State board of Medical Examiners, Complaint form. See Exhibit "10". On March 9, 2011 They Responded "you have not identify a Health Care provider and "No Jurisdiction NRS 630 (The Medical Practice ACT) does not Cover (Provide us with Jurisdiction over) The situation you describe, and we cannot identify any agency which might have Jurisdiction." See Exhibit "10" p2.

This lawsuit followed.

outline).

- a) Defendants: _____
- b) Name of court and docket number: _____
- c) Disposition (for example, was the case dismissed, appealed or is it still pending?):

- d) Issues raised: _____

- e) Approximate date it was filed: _____
- f) Approximate date of disposition: _____

- 2) Have you filed an action in federal court that was **dismissed because it was determined to be frivolous, malicious, or failed to state a claim upon which relief could be granted?**
___ Yes ___ No. If your answer is "Yes", describe each lawsuit. (If you had more than three actions dismissed based on the above reasons, describe the others on an additional page following the below outline.)

Lawsuit #1 dismissed as frivolous, malicious, or failed to state a claim:

- a) Defendants: _____
- b) Name of court and case number: _____
- c) The case was dismissed because it was found to be (check one): ___ frivolous ___ malicious or ___ failed to state a claim upon which relief could be granted.
- d) Issues raised: _____

- e) Approximate date it was filed: _____
- f) Approximate date of disposition: _____

Lawsuit #2 dismissed as frivolous, malicious, or failed to state a claim:

- a) Defendants: _____
- b) Name of court and case number: _____

5,

c) The case was dismissed because it was found to be (check one): _____ frivolous
_____ malicious or _____ failed to state a claim upon which relief could be granted.

d) Issues raised: _____

e) Approximate date it was filed: _____

f) Approximate date of disposition: _____

Lawsuit #3 dismissed as frivolous, malicious, or failed to state a claim:

a) Defendants: _____

b) Name of court and case number: _____

c) The case was dismissed because it was found to be (check one): _____ frivolous
_____ malicious or _____ failed to state a claim upon which relief could be granted.

d) Issues raised: _____

e) Approximate date it was filed: _____

f) Approximate date of disposition: _____

- 3) Have you attempted to resolve the dispute stated in this action by seeking relief from the proper administrative officials, e.g., have you exhausted available administrative grievance procedures? ☒ Yes ☐ No. If your answer is "No", did you not attempt administrative relief because the dispute involved the validity of a: (1) _____ disciplinary hearing; (2) _____ state or federal court decision; (3) _____ state or federal law or regulation; (4) _____ parole board decision; or (5) _____ other neglected to treat medical need.

If your answer is "Yes", provide the following information. Grievance Number 20062898378

Date and institution where grievance was filed May 18, 2010. (H.D.S.P.)

Response to grievance: Grievance Denied

E. REQUEST FOR RELIEF

I believe that I am entitled to the following relief:

Compensatory Damages and Punitive, exceeding \$10-
000; Per Defendant, Declaratory judgment, Order (Injunction)
The N.D.O.C. to schedule and pay for Surgery to
fix my "Mammoscans" and or to replace screws, to
relief Pain. The Cost of This Action, and all
legal/copying expenses associated with bringing
This Action.

I understand that a false statement or answer to any question in this complaint will subject me to penalties of perjury. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT.** See 28 U.S.C. § 1746 and 18 U.S.C. § 1621.

N/A
(Name of Person who prepared or helped
prepare this complaint if not Plaintiff)


(Signature of Plaintiff)

29 April, 2011
(Date)

(Additional space if needed; identify what is being continued)

Table of Exhibits for Complaint

Exhibit #	Description of Exhibit	# Pages	Dated
"1"	Affidavit in support of Complaint	2	1/27/11
"2"	Informal Grievance	3	5/18/10
"3"	Grievance Report/Response	2	6/10/10
"4"	first level Grievance	2	7/1/10
"5"	first level Grievance Report/Response	2	9/3/10
"6"	Second level Grievance	2	10/12/10
"7"	Second level Grievance Response	1	10/27/10
"8"	numerous Medical Kites	9	10/30/10 - 1/11/11
"9"	U.S. Department of Justice Complaint form	9	11/10
"10"	Nevada State Board of Medical Examiners Complaint form	2	2/2/11

EXHIBIT "1"

2 pg's

Exhibit "1"

NELSON LLAVATA

STATE OF NEVADA)

) S.S.

COUNTY OF PERSHING)

I, Nelson Prieto, being first duly sworn upon oath, deposes and says:

1. Prior to my incarceration, I had a motorcycle accident that required me to have a 6 inch "organic titanium rod and 6 screws" placed in my left leg just below the knee.
2. That due to this surgery, I have very limited mobility and constant chronic pain in my left leg. Though my lack of mobility, and ability to move/walk normally, does cause pain in my right leg as well.
3. On 9/9/09, I was arrested on this case, and placed in the Clark County Detention Center. I did reside there until I was transferred into the Department of Correction's custody at the High Desert State Prison facility (H.D.S.P.) on 12/8/09.
4. During my 91 day stay at the detention center, I did receive medicines, X-rays, and was consulted by medical personnel for this injury.
5. Upon arrival at the H.D.S.P. facility, I did make their personnel aware of my medical condition, previous surgeries and treatments, all care and recommendations given by the detention center's medical personnel, my constant pain, and my belief, that I did, in fact, want and need further medical care for this injury.
6. In addition to this initial request for care, I did make several request to be seen by medical; but these were essentially ignored for around 3 months. I was finally "seen" by medical personnel around mid-March, but was only given 12,400 mg. I.B. Profins, and was told that I needed no further treat-

7. I wasn't seen again by medical, or given any medications, until around 2 months later (I believe it was in mid-May). Again, I was told that I needed no treatments, nor was any possible, and only given 12,400 mg. I.B. Profins.
8. On both of these visits (#'s 6 & 7), I did tell the medical personnel of my need for: treatment, some kind of medicine or other way to ease my pain, and further surgery.
9. In October of 2010, I fell down and further injured my left leg. This accident caused my leg to be: further deformed, constantly bleeding, and in need of immediate care.
10. I immediately submitted medical requests to be seen for this new injury, and was not seen for 2, or 3 hours. At that time, I was given band-aids, and antibiotics enough to last 7 days, but was otherwise, this injury was essentially ignored and no action taken to insure my good health.
11. Since my arrival at the H.D.S.P. facility, I was told that my blood pressure was high and that I needed to have it checked regularly. However, my pressure was not taken, ever; despite being told by medical of the need to do so, and requesting this while at these visits. (emphasis added)
12. I submitted medical requests for treatment, and showed proof of my new injury to medical personnel, on top of using the grievance/complaint procedures, and never received any medical attention (other than listed in #'s 6, 7, & 10), or medicines for these injuries until being "transferred" to the Lovelock Correctional Center on 1/20/11. (see also complaints filed with the U.S. Department of Justice, and the medical examiner's office)

Dated this 27th day of January, 2011.

Nelson Prieto/Llavata # 1044443

EXHIBIT "2"

3 pgs

Exhibit "2"

Log Number

3006-28-16378

NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCENAME: NELSON LLAVATA I.D. NUMBER: 1044443INSTITUTION: H D S P. UNIT: 3B17GRIEVANT'S STATEMENT: THIS IS MY SECOND REQUEST TO SEE
A DOCTOR- BECAUSE THE DOCTOR THAT ALREADY CHECK
ME TWICE I DO NOT KNOW WHAT IS HIS PROBLEM
BUT EVERY TIME I SEE HIM HE PRETTY MUCH
BRUSHED ME OFF- (CONTINUE)

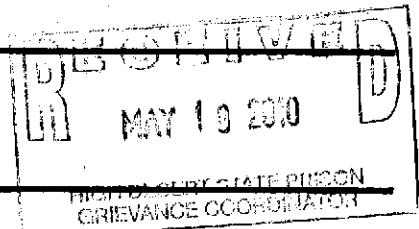
SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature] DATE: 5-18-10 TIME: 3:00 PMGRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 5-18-10 TIME: 3:00 PM

GRIEVANCE RESPONSE: _____

CASEWORKER SIGNATURE: [Signature] DATE: 6-17-2010☐ GRIEVANCE UPHELD ☐ GRIEVANCE DENIED ☐ ISSUE NOT GRIEVABLE PER AR 740GRIEVANCE COORDINATOR APPROVAL: [Signature] DATE: 6-17-2010☐ INMATE AGREES ☒ INMATE DISAGREESINMATE SIGNATURE: [Signature] DATE: 7-1-10FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY
BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt



**NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM**

NAME: NELSON LLAVATA I.D. NUMBER: 1044443

INSTITUTION: NDSP UNIT #: 3B17

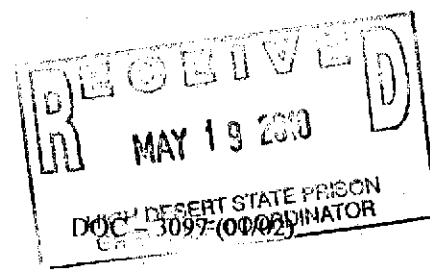
GRIEVANCE #: _____ GRIEVANCE LEVEL: _____

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 3

I STILL HAVE A LOT'S OF "PAIN" IN MY LEFT KNEE- I TELL HIM ABOUT I NEED ANOTHER SURGERY IN MY KNEE- (MENISCUS) AND HE SAID I DONT THINK THAT CAN BE POSSIBLE SO I ASK HIM: SINCE I CAN HAVE THE SURGERY CAN I PLEASE HAVE SOME PAIN PILLS? AND HIS ANSWER WHAS I WILL GIVE TO YOU A "PAIN PACK"- BUT HE NEEDS TO KNOW THAT "PAIN PACK" IS NOT STRONG IN OF WHEN YOU HAVE METAL AND SCREWS INSIDE YOUR KNEE (BONES)-

PLUS WHEN I WAS SPEAKING WITH THE DOCTOR ABOUT PAIN PILLS "OFFICER PORTILLO" WHAS IN THE ROOM WITH US AND HE ASK ME WHY I ASK FOR PAIN PILLS IF I WILL SOLD THEM IN THE TEAR? (CONTINUE)

Original: _____ Attached to Grievance
Pink: _____ Inmate's Copy



**NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM**

NAME: NELSON LLAVATA I.D. NUMBER: 1044443INSTITUTION: HDSP UNIT #: 3 B 17

GRIEVANCE #: _____ GRIEVANCE LEVEL: _____

GRIEVANT'S STATEMENT CONTINUATION: PG. 3 OF 3

I KNOW FOR FACT THAT HE DONT HAVE ANY
COMPLAINS ABOUT ME DOING ANITHING WRONG
SO WHY HE SAID THAT?

I NEVER DO NOTHING WRONG AGAINST
INSTITUTIONAL REGULATIONS

PLUS I PUT A REQUEST - (MEDICAL RITE) TO
HAVE MY BLOOD PRESSURE CHECK

BUT NOBODY NEVER SHOW UP TO CHECK
MY BLOOD PRESSURE

I UNDESTAND HE (THE DOCTOR) IS A BUSY
MAN BUT HE NEED TO KNOW AND
UNDESTAND THAT IM A MAN IN PAIN

I WILL GREATLY APPRECIATE
SOME ACTION TO BE TAKEN

IN THIS SITUATION

— THANK YOU —

Original:
Pink: /

Attached to Grievance
Inmate's Copy

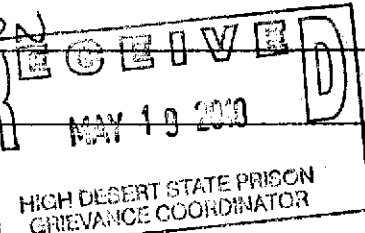
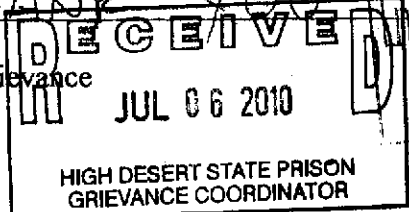


EXHIBIT "3"

2 pg's

EXHIBIT "3"



State of Nevada
Department of Corrections

DUP.

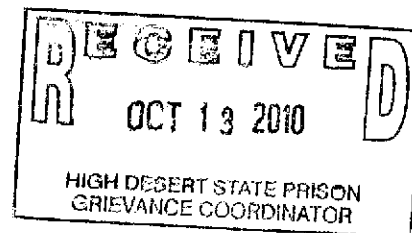
INMATE GRIEVANCE REPORT

ISSUE ID# 20062898398

ISSUE DATE: 05/20/2010

INMATE NAME		NDOC ID	TRANSACTION TYPE	ASSIGNED TO	
LLAVATA, NELSON		1044443	RCVD_INF	BHARTMAN	
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
IF	05/20/2010			ACALDERWOOD	INACTIVE
INMATE COMPLAINT					
<p>...[ACALDERWOOD, 05/20/2010 09:56:24] Inmate this is my second request to see a doctor - because the doctor that already check me twice I do not know what is his problem but every time I see him he pretty much brused me off. I still have a lot's of "pain" in my left knee. I tell him about I need another surgery in my knee. (meniscus) and he said I dont think that can be possible so I ask him: Since I can have the surgery can I please have some pain pills? And his answer whas I will give to you a "pain pack". But he needs to know that "pain pack" is not strong in of when you have mtal and screw's inside your knee (bones). Plus when I was speaking with the doctor about pain pills "officer Portillo" whas in the room with us and he ask me why I ask for pain pills if I will sold them in the tear? (CONT...)</p>					
OFFICIAL RESPONSE					

GRIEVANCE RESPONDER



Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.2

Run Date: SEP-03-10 03:22 PM



State of Nevada
Department of Corrections

Dup.

INMATE GRIEVANCE REPORT

ISSUE ID# 20062898398

ISSUE DATE: 05/20/2010

INMATE NAME	NDOC ID	TRANSACTION TYPE	ASSIGNED TO
LLAVATA, NELSON	1044443	RTRN_INF	LCADAMS

LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
IF	06/10/2010		Denied	ACALDERWOOD	INACTIVE

INMATE COMPLAINT

OFFICIAL RESPONSE

You do not have the opportunity to choose your own doctor here, so you must see whoever is available at the time of your appointment. Any of our providers would have given you the same treatment and opinion, because the information he gave you and the treatment he provided is in accordance with the NDOC medical policies and procedures for your medical problem.
 Grievance denied.

GRIEVANCE RESPONDER

Report Name: NVRIGR
 Reference Name: NOTIS-RPT-OR-0217.2
 Run Date: SEP-03-10 03:22 PM

Page 4 of 5

EXHIBIT "4"

2 pg's

EXHIBIT "4"

Log Number _____

**NEVADA DEPARTMENT OF CORRECTIONS
FIRST LEVEL GRIEVANCE**

NAME: NELSON LLAMATA I.D. NUMBER: 1044443INSTITUTION: HOSP UNIT: 3 B 17

I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20062598398, IN A FORMAL MANNER. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURYINMATE SIGNATURE: _____ DATE: 7-1-10

WHY DISAGREE: I DO NOT ASK TO CHOOSE A DOCTOR
I ASK TO BE SEEN BY AN ESPECIALIST
BECAUSE THIS DOCTOR ITS NOT AN ESPECIALIST
PLUS IBUPROFEN 400MG ITS NOT DOING ME ANY
GOOD - PLUS I REQUEST MULTIPLE TIMES - (CONTINUE)

GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____

FIRST LEVEL RESPONSE: _____

_____ GRIEVANCE UPHELD _____ GRIEVANCE DENIED _____ ISSUE NOT GRIEVABLE PER AR 740

WARDEN'S SIGNATURE: _____ TITLE: _____ DATE: _____

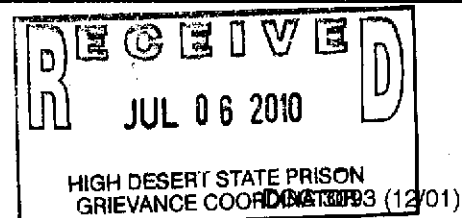
GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____

_____ INMATE AGREES _____ INMATE DISAGREES

INMATE SIGNATURE: _____ DATE: _____

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A SECOND LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
 Canary: To Grievance Coordinator
 Pink: Inmate's receipt when formal grievance filed
 Gold: Inmate's initial receipt



NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: NILSON LLAVATA I.D. NUMBER: 1044443

INSTITUTION: HDSP. UNIT #: 1044443

GRIEVANCE #: _____ GRIEVANCE LEVEL: 1st LEVEL.

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2.

FOR HAVE My BLOOD PRESSURE CHECK
AND NOBODY SHOW UP.

ABOUT My KNEE THE DOCTOR NEED TO
UNDERSTAND THAT BECAUSE OF THE PAIN
ON My LEFT ONE (KNEE) My RIGHT KNEE
IS GETTING HURT TOO

I WILL REALLY APPRECIATED
SOME HELP IN THIS MATTER.

THANK YOU.

Original:
Pink:

Attached to Grievance
Inmate's Copy

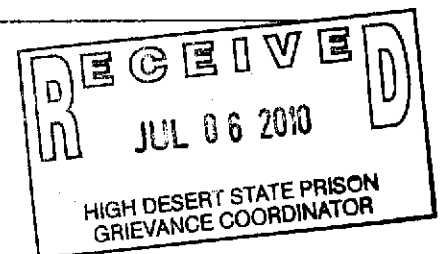


EXHIBIT "5"

2 pgs

EXHIBIT "5"



State of Nevada
Department of Corrections

INMATE GRIEVANCE REPORT

ISSUE ID# 20062898398

ISSUE DATE: 05/20/2010

INMATE NAME		NDOC ID	TRANSACTION TYPE	ASSIGNED TO	
LLAVATA, NELSON		1044443	RCVD_L1	CSABLICA	
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
1	07/23/2010	2		ACALDERWOOD	INACTIVE
INMATE COMPLAINT					
<p>...[ACALDERWOOD, 07/23/2010 08:48:22] Inmate claims I do not ask to choose a doctor I ask to be seen by an especialist. Because this doctor its not an especialist. Plus Ibuprofen 400mg its not doing me any good. Plus I request multiple times for have my blood pressure check and nobody show up. Aboot my knee the doctor need to know or understand that because of the pain on my left one (knee) my right knee is getting hurt too. I will really appreciate some help in this matter.</p>					
OFFICIAL RESPONSE					

GRIEVANCE RESPONDER

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.2

Run Date: SEP-03-10 03:22 PM

Page 2 of 5



State of Nevada
Department of Corrections

INMATE GRIEVANCE REPORT

ISSUE ID# 20062898398

ISSUE DATE: 05/20/2010

INMATE NAME	NDOC ID	TRANSACTION TYPE	ASSIGNED TO
LLAVATA, NELSON	1044443	RTRN_L1	CSABLICA

LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
1	09/03/2010	4	Denied	ACALDERWOOD	INACTIVE

INMATE COMPLAINT

OFFICIAL RESPONSE

Mr. Llavata, an appointment has been scheduled for you to discuss your concerns with one of our providers. You will be notified the day of the appointment.
Grievance Denied

C. Sablica
GRIEVANCE RESPONDER

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.2

Run Date: SEP-03-10 03:22 PM

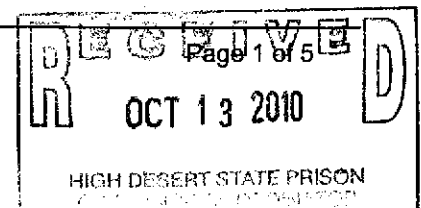


Exhibit "6"
2 pgs

Exhibit "6"

LOG NUMBER: 2006-28-98398NEVADA DEPARTMENT OF CORRECTIONS
SECOND LEVEL GRIEVANCENAME: NELSON LLAVATA I.D. NUMBER: 1044443INSTITUTION: HOSP. UNIT: 3B17AI REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 2006-28-98398, ON THE SECOND LEVEL. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature] DATE: 10-12-10WHY DISAGREE: BECAUSE THE LAST TIME YOU GIVE ME
A APPOINTMENT PASS ALMOST 3 MONTHS TO
SEE A DOCTOR AND WHEN I SEE HIM HE
DONT DO ANYTHING ABOUT IT ONLY GIVE
ME A PAIN PACK (IBU. 400) AND THAS ITGRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 11-13-10

SECOND LEVEL RESPONSE: _____

____ GRIEVANCE UPHELD ____ GRIEVANCE DENIED ____ ISSUE NOT GRIEVABLE PER AR 740

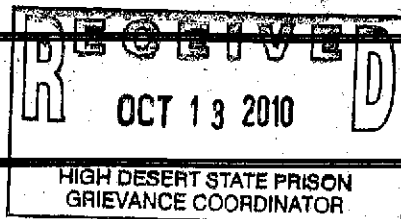
SIGNATURE: _____ TITLE: 9-13-10 DATE: _____

GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____

INMATE SIGNATURE: [Signature] DATE: 11-18-10

THIS ENDS THE FORMAL GRIEVANCE PROCESS

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt



**NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM**

NAME: NELSON LLAVATA I.D. NUMBER: 1066663
 INSTITUTION: HDSP UNIT #: 3B17
 GRIEVANCE #: 2006-28-28398 GRIEVANCE LEVEL: 2ND LEVEL

GRIEVANT'S STATEMENT CONTINUATION: PG. _____ OF _____

AND WHAT I ASK FOR IS FOR SOME
 HELP BECAUSE OF THE PAIN AND I CAN
 NOT KILL MY PAIN WITH IBUPROFEN 400
 BECAUSE LIKE I SAID ON MY LAST
 STATEMENT BECAUSE OF THE PAIN
 AND SURGERY ON LEFT KNEE NOW
 MY RIGHT KNEE IS GETTING BAD
 TOO -

BECAUSE I ALREADY TOLD TO THE
 DOCTOR THAT I NEED ANOTHER
 SURGERY -

CAN YOU PLEASE TAKE THIS SERIOUSLY?

I WILL REALLY APPRECIATE SOME
 ACTION TO BE TAKEN ON THIS ISSUE

Original: Attached to Grievance
 Pink: Inmate's Copy

Exhibit "7"

1 pg

Exhibit "7"



State of Nevada
Department of Corrections

4D 34A-26A

INMATE GRIEVANCE REPORT

ISSUE ID# 20062898398

ISSUE DATE: 05/20/2010

INMATE NAME		NDOC ID	TRANSACTION TYPE	ASSIGNED TO	
LLAVATA, NELSON		1044443	RTRN_L2	RBANNISTER	
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
2	10/27/2010	4	Denied	NPYLE	INACTIVE
INMATE COMPLAINT					
OFFICIAL RESPONSE					
I agree with the first level response.					

RBannister

 GRIEVANCE RESPONDER

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.2

Run Date: OCT-27-10 04:11 PM

Page 1 of 7

EXHIBIT "8"

9 pgs

Exhibit "8"

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature _____ DOC # _____
(also print name and DOC # at the bottom of this form)

Institution _____ Date Submitted 10-30-10 Unit/House 4034

Reason for request: ILL BLOODING from my leg
I want to get from my leg?

Per AB 389, there may be a \$4.00 charge for any visit and a \$2.00 charge for any prescription issued.

DO NOT WRITE IN SHADED AREA BELOW

RESPONSE TO KITE:

☐ Appointment scheduled for _____ Rescheduled for _____
☐ No Visit necessary. See type of service or service provided, below.
☐ Not entitled to requested care. Reason: her wound 10/29/10
☐ No show for appointment.
☐ Refused to be seen. DOC 2523 Release of Liability... filed.

TYPE OF SERVICE: ☐ Medical ☐ Dental ☐ Mental Health ☐ Nursing ☐ Dietary ☐ Other _____☐ Inmate requested, charge ☐ Inmate requested, no charge☐ Emergency, Charge ☐ Emergency, no charge☐ Prison required, no charge

Enter ICD-9 code(s) and/or diagnosis(es)

SERVICE(S) PROVIDED: Check all that apply

VISITS

☐ New, minimal
☐ New, moderate
☐ New, high
☐ Established, minimal
☐ Established, moderate
☐ Established, high
☐ Consultation visit
☐ Intake PE/classification
☐ Recurrent PE/classification
☐ Re-classification only
☐ Nursing assessment

PROCEDURES/
DIAGNOSTICS

☐ Biopsy
☐ BP
☐ Ear Lavage
☐ EKG
☐ Excision
☐ Eye Exam
☐ I & D
☐ Immunization
☐ Hepatitis B
☐ Influenza
☐ Tetanus
☐ Other _____
☐ Inhalation Treatment
☐ PPD
☐ Spirometry
☐ Suturing
☐ Suture removal
☐ Treadmill

PROCEDURES/
DIAGNOSTICS, cont'd

☐ Whirlpool
☐ X-ray
☐ Other _____

CHART REVIEW ONLY

☐ By medical personnel
☐ By inmate patient

LABORATORY

☐ Venipuncture
☐ Specimen collection

ITEMS ISSUED

☐ Prosthetic
☐ Eye glasses

☐ Rx REFILL ONLY

SPECIALTY CLINICS

☐ Cardiology
☐ Neurology
☐ Infectious disease
☐ Endocrine
☐ Internal Medicine
☐ Pulmonary
☐ Mental Health
☐ Other _____

EMERGENCY SERVICES

☐ Mandown
☐ Non-mandown
☐ Suicide attempt
☐ Self-mutilation
☐ Accident
☐ Recreational injury

CONTRACT PROVIDERS

☐ Physician, gen'l practice
☐ Neurology
☐ Ophthalmology
☐ Orthopedic
☐ Physical therapy
☐ Other _____

PRESCRIPTIONS: KOP Medications: Total # _____ # to charge _____ # started by nursing _____
 Non-KOP Medications: Total # _____ # to charge _____ # started by nursing _____

PLAN: ☐ Follow-up appointment ordered ☐ Return if needed ☐ Follow-up not required

Name / Title OR Position # _____ Date 10-30-10 Time _____ Name / Title OR Position # _____ Date _____ Time _____

Distribution: ORIGINAL to medical record, COPY to date entry, then to inmate patient if necessary

NEVADA DEPARTMENT OF CORRECTIONS
 MEDICAL KITE and / or
 SERVICE REPORT

NAME William LLAVIADOC # 10000 DOC 2500 (REV. 7/01)

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature

(also print name and DOC # at the bottom of this form)

DOC #

1044443

Institution

HDSP.

Date Submitted

11-01-10

Unit/House

4D-34

Reason for request:

I WOULD LIKE TO REQUEST GAUZE - TAPE AND ACE BAND BECAUSE I WANT TO CHANGE THE DNE I ALREADY HAVE ON MY LEG BUT IT'S ALREADY BLIND TEND - PLUS I GOT NO MORE ERYTHROMYCIN -

Per AB 389, there may be a \$4.00 charge for any visit and a \$2.00 charge for any prescription issued.

DO NOT WRITE IN SHADED AREA BELOW

RESPONSE TO KITE:

- () Appointment scheduled for _____ Rescheduled for _____
 () No Visit necessary. See type of service or service provided, below.
 () Not entitled to requested care. Reason: _____
 () No show for appointment.
 () Refused to be seen. DOC 2523 Release of Liability... filed.

TYPE OF SERVICE: () Medical () Dental () Mental Health () Nursing () Dietary () Other

() Inmate requested, charge

() Inmate requested, no charge

() Emergency, Charge

() Emergency, no charge

() Prison required, no charge

Enter ICD-9 code(s) and/or diagnosis(es)

SERVICE(S) PROVIDED: Check all that apply

VISITS

- () New, minimal
 () New, moderate
 () New, high
 () Established, minimal
 () Established, moderate
 () Established, high
 () Consultation visit
 () Intake PE/classification
 () Recurrent PE/classification
 () Re-classification only
 () Nursing assessment

CONTRACT PROVIDERS

- () Physician, gen'l practice
 () Neurology
 () Ophthalmology
 () Orthopedic
 () Physical therapy
 () Other

PROCEDURES/
DIAGNOSTICS

- () Biopsy
 () BP
 () Ear Lavage
 () EKG
 () Excision
 () Eye Exam
 () I & D
 Immunization
 () Hepatitis B
 () Influenza
 () Tetanus
 () Other
 () Inhalation Treatment
 () PPD
 () Spirometry
 () Suturing
 () Suture removal
 () Treadmill

PROCEDURES/
DIAGNOSTICS, cont'd

- () Whirlpool
 () X-ray
 () Other

CHART REVIEW ONLY

- () By medical personnel
 () By inmate patient

LABORATORY

- () Venipuncture
 () Specimen collection

ITEMS ISSUED

- () Prosthetic
 () Eye glasses

() Rx REFILL ONLY

SPECIALTY CLINICS

- () Cardiology
 () Neurology
 () Infectious disease
 () Endocrine
 () Internal Medicine
 () Pulmonary
 () Mental Health
 () Other

EMERGENCY SERVICES

- () Mandown
 () Non-mandown
 () Suicide attempt
 () Self-mutilation
 () Altercation
 () Accident
 () Recreational injury

PRESCRIPTIONS:

KOP Medications:

Total #

to charge

started by nursing

Non-KOP Medications:

Total #

to charge

started by nursing

PLAN: () Follow-up appointment ordered () Return if needed () Follow-up not required

Name / Title OR Position #

Date

Time

Name / Title OR Position #

Date

Time

Distribution: ORIGINAL to medical record, COPY to date entry, then to inmate patient if necessary

NEVADA DEPARTMENT OF CORRECTIONS
 MEDICAL KITE and / or
 SERVICE REPORT

NAME

NELSON ULEVATO

DOC #

1044443

DOC 2500 (REV. 7/01)

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature [Signature]

(also print name and DOC # at the bottom of this form)

DOC # 106443Institution HOSP.Date Submitted 11-7-10Unit/House 4D 34Reason for request: I WOULD LIKE TO REQUEST A ELASTIC BANDAGE (3" WIDE) TO KEEP MY GAUZE ON PLACE PLUS I NEED A REFILL OF ANTIBIOTICS (ERYMILIN.)

Per AB 389, there may be a \$4.00 charge for any visit and a \$2.00 charge for any prescription issued.

DO NOT WRITE IN SHADED AREA BELOW

RESPONSE TO KITE:

- ☐ Appointment scheduled for _____ Rescheduled for _____
- ☐ No Visit necessary. See type of service or service provided, below.
- ☐ Not entitled to requested care. Reason _____
- ☐ No show for appointment.
- ☐ Refused to be seen. DOC 2523 Release of Liability... filed.

TYPE OF SERVICE: ☐ Medical ☐ Dental ☐ Mental Health ☐ Nursing ☐ Dietary ☐ Other _____☐ Inmate requested, charge☐ Inmate requested, no charge☐ Emergency, Charge☐ Emergency, no charge☐ Prison required, no chargeEnter ICD-9 code(s) and/or diagnosis(es) 11K/10.1

SERVICE(S) PROVIDED: Check all that apply

VISITS

- ☐ New, minimal
- ☐ New, moderate
- ☐ New, high
- ☐ Established, minimal
- ☐ Established, moderate
- ☐ Established, high
- ☐ Consultation visit
- ☐ Intake PE/classification
- ☐ Recurrent PE/classification
- ☐ Re-classification only
- ☐ Nursing assessment

PROCEDURES/
DIAGNOSTICS

- ☐ Biopsy
- ☐ BP
- ☐ Ear Lavage
- ☐ EKG
- ☐ Excision
- ☐ Eye Exam
- ☐ I & D
- ☐ Immunization
- ☐ Hepatitis B
- ☐ Influenza
- ☐ Tetanus
- ☐ Other _____
- ☐ Inhalation Treatment
- ☐ PPD
- ☐ Spirometry
- ☐ Suturing
- ☐ Suture removal
- ☐ Treadmill

PROCEDURES/
DIAGNOSTICS, cont'd

- ☐ Whirlpool
- ☐ X-ray
- ☐ Other _____

CHART REVIEW ONLY

- ☐ By medical personnel
- ☐ By inmate patient

LABORATORY

- ☐ Venipuncture
- ☐ Specimen collection

ITEMS ISSUED

- ☐ Prosthetic
- ☐ Eye glasses

☐ Rx REFILL ONLY

SPECIALTY CLINICS

- ☐ Cardiology
- ☐ Neurology
- ☐ Infectious disease
- ☐ Endocrine
- ☐ Internal Medicine
- ☐ Pulmonary
- ☐ Mental Health
- ☐ Other _____

EMERGENCY SERVICES

- ☐ Mandown
- ☐ Non-mandown
- ☐ Suicide attempt
- ☐ Self-mutilation
- ☐ Altercation
- ☐ Accident
- ☐ Recreational injury

CONTRACT PROVIDERS

- ☐ Physician, gen'l practice
- ☐ Neurology
- ☐ Ophthalmology
- ☐ Orthopedic
- ☐ Physical therapy
- ☐ Other _____

PRESCRIPTIONS:

KOP Medications:

Total # _____

to charge _____

started by nursing _____

Non-KOP Medications:

Total # _____

to charge _____

started by nursing _____

PLAN: ☐ Follow-up appointment ordered ☐ Return if needed ☐ Follow-up not required

Name / Title OR Position # _____

Date _____

Time _____

Name / Title OR Position # _____

Date _____

Time _____

Distribution: ORIGINAL to medical record, COPY to date entry, then to inmate patient if necessary

NEVADA DEPARTMENT OF CORRECTIONS
MEDICAL KITE and / or
SERVICE REPORT

NAME NELSON LLAVATADOC # 106443

DOC 2500 (REV. 7/01)

DEC 10 2010

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature <u>[Signature]</u>	DOC# <u>104443</u>
(Also print name and DOC # at bottom of form)	
Institution <u>HDSP</u>	Date Submitted <u>12-8-10</u> Unit/House <u>4026</u>
<input checked="" type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> NURSING <input type="checkbox"/> OTHER _____	
NOTICE: You may be charged in accordance with AR 245	
Reason for request: <u>I WOULD LIKE TO REQUEST SOME</u>	
<u>BIG BAND AIDS PLEASE</u>	
<u>BECAUSE MY LEG STILL BLEADING A LIL</u>	
<u>BIT.</u>	
DO NOT WRITE IN AREA BELOW	
RESPONSE TO REQUEST:	
<u>LG Bandages</u>	
<u>Issued</u>	
<u>#5</u>	
<u>12/11/10</u>	
<u>[Signature]</u>	
<input type="checkbox"/> Appointment scheduled for _____ Rescheduled for _____ <input type="checkbox"/> No visit necessary. <input type="checkbox"/> No Show for Appointment <input type="checkbox"/> Refused to be seen. DOC 2523, Release of Liability signed.	
PRESCRIPTIONS: <input type="checkbox"/> KOP <input type="checkbox"/> NON-KOP <input type="checkbox"/> Ordered on _____	
PLAN: <input type="checkbox"/> Follow-up appointment _____ <input type="checkbox"/> Return if needed <input type="checkbox"/> No follow-up required	
Signature/Title of Provider <u>SC</u>	Date <u>12-10-10</u>

NEVADA DEPARTMENT OF CORRECTIONS

NAME LLAVATA NELSON R

LAST

FIRST

MI

MEDICAL KITE and/or
SERVICE REPORTDOP # 104443

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature

DOC # 1044443

(also print name and DOC # at the bottom of this form)

Institution

HDSP.

Date Submitted

12-21-10

Unit/House

4C26

Reason for request:

SINCE OCTOBER 25 I STILL WAITING FOR SEE A
DOCTOR ABOUT MY LEG BECAUSE WHEN I SHOWER MY LEG
START TO BLEEDING AGAIN - CAN YOU PLEASE SEND ME SOME BAND-AIDS?

Per AB 389, there may be a \$4.00 charge for any visit and a \$2.00 charge for any prescription issued.

DO NOT WRITE IN SHADED AREA BELOW

RESPONSE TO KITE:

☒ Appointment scheduled for

12/21/10

Rescheduled for

☐ No Visit necessary. See type of service or service provided, below.☐ Not entitled to requested care. Reason☐ No show for appointment.☐ Refused to be seen. DOC 2523 Release of Liability... filed.TYPE OF SERVICE: ☐ Medical ☐ Dental ☐ Mental Health ☐ Nursing ☐ Dietary ☐ Other☐ Inmate requested, charge☐ Inmate requested, no charge☐ Emergency, Charge☐ Emergency, no charge☐ Prison required, no charge

Enter ICD-9 code(s) and/or diagnosis(es)

SERVICE(S) PROVIDED: Check all that apply

VISITS

- ☐ New, minimal
☐ New, moderate
☐ New, high
☐ Established, minimal
☐ Established, moderate
☐ Established, high
☐ Consultation visit
☐ Intake PE/classification
☐ Recurrent PE/classification
☐ Re-classification only
☐ Nursing assessment

CONTRACT PROVIDERS

- ☐ Physician, gen'l practice
☐ Neurology
☐ Ophthalmology
☐ Orthopedic
☐ Physical therapy
☐ Other

PROCEDURES/
DIAGNOSTICS

- ☐ Biopsy
☐ BP
☐ Ear Lavage
☐ EKG
☐ Excision
☐ Eye Exam
☐ I & D
☐ Immunization
☐ Hepatitis B
☐ Influenza
☐ Tetanus
☐ Other
☐ Inhalation Treatment
☐ PPD
☐ Spirometry
☐ Suturing
☐ Suture removal
☐ Treadmill

PROCEDURES/
DIAGNOSTICS, cont'd

- ☐ Whirlpool
☐ X-ray
☐ Other

CHART REVIEW ONLY

- ☐ By medical personnel
☐ By inmate patient

LABORATORY

- ☐ Venipuncture
☐ Specimen collection

ITEMS ISSUED

- ☐ Prosthetic
☐ Eye glasses

☐ Rx REFILL ONLY

SPECIALTY CLINICS

- ☐ Cardiology
☐ Neurology
☐ Infectious disease
☐ Endocrine
☐ Internal Medicine
☐ Pulmonary
☐ Mental Health
☐ Other

EMERGENCY SERVICES

- ☐ Mandown
☐ Non-mandown
☐ Suicide attempt
☐ Self-mutilation
☐ Altercation
☐ Accident
☐ Recreational injury

PRESCRIPTIONS:

KOP Medications:

Total #

to charge

started by nursing

Non-KOP Medications:

Total #

to charge

started by nursing

PLAN: ☐ Follow-up appointment ordered ☐ Return if needed ☐ Follow-up not required

Name / Title OR Position #

Date

Time

Name / Title OR Position #

Date

Time

Distribution: ORIGINAL to medical record, COPY to date entry, then to inmate patient if necessary

NEVADA DEPARTMENT OF CORRECTIONS
**MEDICAL KITE and / or
 SERVICE REPORT**

NAME

NELSON NavaTa

DOC #

1044443

DOC 2500 (REV. 7/01)

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature

DOC #

1044443

(also print name and DOC # at the bottom of this form)

Institution

HDSP.

Date Submitted

12-27-10

Unit/House

4C26

Reason for request:

ON 12-21-10 I REQUEST BAND-AIDS USING A KITE
 ALSO I REQUEST TO MULTIPLE NURSES FOR SOME BIG BAND-
 AIDS - I STILL WAITING FOR SOME - CAN YOU PLEASE SEND ME SOME
 BAND-AIDS?

Per AB 389, there may be a \$4.00 charge for any visit and a \$2.00 charge for any prescription issued.

DO NOT WRITE IN SHADED AREA BELOW

RESPONSE TO KITE:

- ☐ Appointment scheduled for _____ Rescheduled for _____
☐ No Visit necessary. See type of service or service provided, below.
☐ Not entitled to requested care. Reason _____
☐ No show for appointment.
☐ Refused to be seen. DOC 2523 Release of Liability... filed.

TYPE OF SERVICE:

- ☐ Medical ☐ Dental ☐ Mental Health ☐ Nursing ☐ Dietary ☐ Other _____
☐ Inmate requested, charge ☐ Inmate requested, no charge
☐ Emergency, Charge ☐ Emergency, no charge
☐ Prison required, no charge

Enter ICD-9 code(s) and/or diagnosis(es)

SERVICE(S) PROVIDED: Check all that apply

VISITS

- ☐ New, minimal
☐ New, moderate
☐ New, high
☐ Established, minimal
☐ Established, moderate
☐ Established, high
☐ Consultation visit
☐ Intake PE/classification
☐ Recurrent PE/classification
☐ Re-classification only
☐ Nursing assessment

CONTRACT PROVIDERS

- ☐ Physician, gen'l practice
☐ Neurology
☐ Ophthalmology
☐ Orthopedic
☐ Physical therapy
☐ Other

PROCEDURES/
DIAGNOSTICS

- ☐ Biopsy
☐ BP
☐ Ear Lavage
☐ EKG
☐ Excision
☐ Eye Exam
☐ I & D
☐ Immunization
☐ Hepatitis B
☐ Influenza
☐ Tetanus
☐ Other _____
☐ Inhalation Treatment
☐ PPD
☐ Spirometry
☐ Suturing
☐ Suture removal
☐ Treadmill

PROCEDURES/
DIAGNOSTICS, cont'd

- ☐ Whirlpool
☐ X-ray
☐ Other _____

CHART REVIEW ONLY

- ☐ By medical personnel
☐ By inmate patient

LABORATORY

- ☐ Venipuncture
☐ Specimen collection

ITEMS ISSUED

- ☐ Prosthetic
☐ Eye glasses

Rx REFILL ONLY

SPECIALTY CLINICS

- ☐ Cardiology
☐ Neurology
☐ Infectious disease
☐ Endocrine
☐ Internal Medicine
☐ Pulmonary
☐ Mental Health
☐ Other _____

EMERGENCY SERVICES

- ☐ Mandown
☐ Non-mandown
☐ Suicide attempt
☐ Self-mutilation
☐ Altercation
☐ Accident
☐ Recreational injury

PRESCRIPTIONS:

KOP Medications:

Total #

to charge

started by nursing

Non-KOP Medications:

Total #

to charge

started by nursing

PLAN: ☐ Follow-up appointment ordered ☐ Return if needed ☐ Follow-up not required

Name / Title OR Position #

Date

Time

Name / Title OR Position #

Date

Time

Distribution: ORIGINAL to medical record, COPY to date entry, then to inmate patient if necessary

NEVADA DEPARTMENT OF CORRECTIONS
 MEDICAL KITE and / or
 SERVICE REPORT

NAME

NELSON / AVATA

DOC #

1044443

DOC 2500 (REV. 7/01)

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature [Signature]

(also print name and DOC # at the bottom of this form)

DOC #

1044493

Institution

HDSR

Date Submitted

01-07-11

Unit/House

4C26

Reason for request:

SINCE 01-05-11 I BEEN REQUESTING SOME PAIN-AIDS
 TO MULTIPLE NURSES BUT NOBODY BRING ME ANY SO
 CAN I PLEASE GET SOME BIG PAIN-AIDS MY LEG STILL
 BLEEDING

Per AB 389, there may be a \$4.00 charge for any visit and a \$2.00 charge for any prescription issued.

DO NOT WRITE IN SHADED AREA BELOW

RESPONSE TO KITE:

- ☐ Appointment scheduled for _____ Rescheduled for _____
☐ No Visit necessary. See type of service or service provided, below.
☐ Not entitled to requested care. Reason: _____
☐ No show for appointment.
☐ Refused to be seen. DOC 2523 Release of Liability... filed.

TYPE OF SERVICE: ☐ Medical ☐ Dental ☐ Mental Health ☐ Nursing ☐ Dietary ☐ Other _____☐ Inmate requested, charge☐ Inmate requested, no charge☐ Emergency, Charge☐ Emergency, no charge☐ Prison required, no charge

Enter ICD-9 code(s) and/or diagnosis(es)

SERVICE(S) PROVIDED: Check all that apply

VISITS

- ☐ New, minimal
☐ New, moderate
☐ New, high
☐ Established, minimal
☐ Established, moderate
☐ Established, high
☐ Consultation visit
☐ Intake PE/classification
☐ Recurrent PE/classification
☐ Re-classification only
☐ Nursing assessment

CONTRACT PROVIDERS

- ☐ Physician, gen'l practice
☐ Neurology
☐ Ophthalmology
☐ Orthopedic
☐ Physical therapy
☐ Other

PROCEDURES/
DIAGNOSTICS

- ☐ Biopsy
☐ BP
☐ Ear Lavage
☐ EKG
☐ Excision
☐ Eye Exam
☐ I & D
☐ Immunization
☐ Hepatitis B
☐ Influenza
☐ Tetanus
☐ Other _____
☐ Inhalation Treatment
☐ PPD
☐ Spirometry
☐ Suturing
☐ Suture removal
☐ Treadmill

PROCEDURES/
DIAGNOSTICS, cont'd

- ☐ Whirlpool
☐ X-ray
☐ Other _____

CHART REVIEW ONLY

- ☐ By medical personnel
☐ By inmate patient

LABORATORY

- ☐ Venipuncture
☐ Specimen collection

ITEMS ISSUED

- ☐ Prosthetic
☐ Eye glasses

☐ Rx REFILL ONLY

SPECIALTY CLINICS

- ☐ Cardiology
☐ Neurology
☐ Infectious disease
☐ Endocrine
☐ Internal Medicine
☐ Pulmonary
☐ Mental Health
☐ Other _____

EMERGENCY SERVICES

- ☐ Mandown
☐ Non-mandown
☐ Suicide attempt
☐ Self-mutilation
☐ Altercation
☐ Accident
☐ Recreational injury

PRESCRIPTIONS:

KOP Medications:

Total #

to charge

started by nursing

Non-KOP Medications:

Total #

to charge

started by nursing

PLAN: ☐ Follow-up appointment ordered ☐ Return if needed ☐ Follow-up not required

Name / Title OR Position #

Date

Time

Name / Title OR Position #

Date

Time

Distribution: ORIGINAL to medical record, COPY to date entry, then to inmate patient if necessary

NEVADA DEPARTMENT OF CORRECTIONS
 MEDICAL KITE and / or
 SERVICE REPORT

NAME

NELSON LAYTON

DOC #

1044493

DOC 2500 (REV. 7/01)

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature

(also print name and DOC # at the bottom of this form)

DOC # 1044443

Institution

HDSP.

Date Submitted

01-08-11

Unit/House

4C26A

Reason for request:

ON 11-01-10 you REPLY ME THAT I BEEN SCHEDULE TO SEE A NURSE
 AT TODAY I DONT SEE ANYBODY SO CAN YOU PLEASE LET ME KNOW
 WHEN I WILL BE SEEN BY A NURSE? ALSO I NEED SOME MORE BIG
 BAND AIDS

Per AB 389, there may be a \$4.00 charge for any visit and a \$2.00 charge for any prescription issued.

DO NOT WRITE IN SHADED AREA BELOW

RESPONSE TO KITE:

- ☒ Appointment scheduled for 11-01-10 Rescheduled for _____
☐ No Visit necessary. See type of service or service provided, below.
☐ Not entitled to requested care. Reason: _____
☐ No show for appointment.
☐ Refused to be seen. DOC 2523 Release of Liability... filed.

TYPE OF SERVICE: ☐ Medical ☐ Dental ☐ Mental Health ☐ Nursing ☐ Dietary ☐ Other _____

- ☐ Inmate requested, charge _____ ☐ Inmate requested, no charge
☐ Emergency, Charge _____ ☐ Emergency, no charge
☐ Prison required, no charge

Enter ICD-9 code(s) and/or diagnosis(es)

SERVICE(S) PROVIDED: Check all that apply

VISITS

- ☐ New, minimal
☐ New, moderate
☐ New, high
☐ Established, minimal
☐ Established, moderate
☐ Established, high
☐ Consultation visit
☐ Intake PE/classification
☐ Recurrent PE/classification
☐ Re-classification only
☐ Nursing assessment

CONTRACT PROVIDERS

- ☐ Physician, gen'l practice
☐ Neurology
☐ Ophthalmology
☐ Orthopedic
☐ Physical therapy
☐ Other

PROCEDURES/
DIAGNOSTICS

- ☐ Biopsy
☐ BP
☐ Ear Lavage
☐ EKG
☐ Excision
☐ Eye Exam
☐ I & D
☐ Immunization
☐ Hepatitis B
☐ Influenza
☐ Tetanus
☐ Other _____
☐ Inhalation Treatment
☐ PPD
☐ Spirometry
☐ Suturing
☐ Suture removal
☐ Treadmill

PROCEDURES/
DIAGNOSTICS, cont'd

- ☐ Whirlpool
☐ X-ray
☐ Other _____

CHART REVIEW ONLY

- ☐ By medical personnel
☐ By inmate patient

LABORATORY

- ☐ Venipuncture
☐ Specimen collection

ITEMS ISSUED

- ☐ Prosthetic
☐ Eye glasses

☐ Rx REFILL ONLY

SPECIALTY CLINICS

- ☐ Cardiology
☐ Neurology
☐ Infectious disease
☐ Endocrine
☐ Internal Medicine
☐ Pulmonary
☐ Mental Health
☐ Other _____

EMERGENCY SERVICES

- ☐ Mandown
☐ Non-mandown
☐ Suicide attempt
☐ Self-mutilation
☐ Altercation
☐ Accident
☐ Recreational injury

PRESCRIPTIONS:

KOP Medications:

Total # _____

to charge _____

started by nursing _____

Non-KOP Medications:

Total # _____

to charge _____

started by nursing _____

PLAN: ☐ Follow-up appointment ordered ☐ Return if needed ☐ Follow-up not required

Name / Title OR Position #

Date

Time

Name / Title OR Position #

Date

Time

Distribution: ORIGINAL to medical record, COPY to date entry, then to inmate patient if necessary

NEVADA DEPARTMENT OF CORRECTIONS
 MEDICAL KITE and / or
 SERVICE REPORT

NAME

NELSON LAVATA

DOC #

1044443.

DOC 2500 (REV. 7/01)

TOP, UNSHADED PORTION TO BE FILLED OUT BY INMATE PATIENT

Signature

DOC #

1044443

(also print name and DOC # at the bottom of this form)

Institution

HDSP

Date Submitted

1-11-11

Unit/House

4C26A

Reason for request:

I would like to request some BIG BAND-AIDS

THANK YOU

Per AB 389, there may be a \$4.00 charge for any visit and a \$2.00 charge for any prescription issued.

DO NOT WRITE IN SHADED AREA BELOW

RESPONSE TO KITE:

- ☐ Appointment scheduled for _____ Rescheduled for _____
- ☐ No Visit necessary. See type of service or service provided, below.
- ☐ Not entitled to requested care. Reason _____
- ☐ No show for appointment.
- ☐ Refused to be seen. DOC 2523 Release of Liability... filed.

TYPE OF SERVICE: ☐ Medical ☐ Dental ☐ Mental Health ☐ Nursing ☐ Dietary ☐ Other _____

- ☐ Inmate requested, charge ☐ Inmate requested, no charge
- ☐ Emergency, Charge ☐ Emergency, no charge
- ☐ Prison required, no charge

Enter ICD-9 code(s) and/or diagnosis(es)

SERVICE(S) PROVIDED: Check all that apply

VISITS

- ☐ New, minimal
- ☐ New, moderate
- ☐ New, high
- ☐ Established, minimal
- ☐ Established, moderate
- ☐ Established, high
- ☐ Consultation visit
- ☐ Intake PE/classification
- ☐ Recurrent PE/classification
- ☐ Re-classification only
- ☐ Nursing assessment

PROCEDURES/
DIAGNOSTICS

- ☐ Biopsy
- ☐ BP
- ☐ Ear Lavage
- ☐ EKG
- ☐ Excision
- ☐ Eye Exam
- ☐ I & D
- ☐ Immunization
- ☐ Hepatitis B
- ☐ Influenza
- ☐ Tetanus
- ☐ Other _____
- ☐ Inhalation Treatment
- ☐ PPD
- ☐ Spirometry
- ☐ Suturing
- ☐ Suture removal
- ☐ Treadmill

PROCEDURES/
DIAGNOSTICS, cont'd

- ☐ Whirlpool
- ☐ X-ray
- ☐ Other _____

CHART REVIEW ONLY

- ☐ By medical personnel
- ☐ By Inmate patient

LABORATORY

- ☐ Venipuncture
- ☐ Specimen collection

ITEMS ISSUED

- ☐ Prosthetic
- ☐ Eye glasses

☐ Rx REFILL ONLY

SPECIALTY CLINICS

- ☐ Cardiology
- ☐ Neurology
- ☐ Infectious disease
- ☐ Endocrine
- ☐ Internal Medicine
- ☐ Pulmonary
- ☐ Mental Health
- ☐ Other _____

EMERGENCY SERVICES

- ☐ Mandown
- ☐ Non-mandown
- ☐ Suicide attempt
- ☐ Self-mutilation
- ☐ Altercation
- ☐ Accident
- ☐ Recreational injury

CONTRACT PROVIDERS

- ☐ Physician, gen'l practice
- ☐ Neurology
- ☐ Ophthalmology
- ☐ Orthopedic
- ☐ Physical therapy
- ☐ Other _____

PRESCRIPTIONS:

KOP Medications:

Total # _____

to charge _____

started by nursing _____

Non-KOP Medications:

Total # _____

to charge _____

started by nursing _____

PLAN: ☐ Follow-up appointment ordered ☐ Return if needed ☐ Follow-up not required

Name / Title OR Position #

Date

Time

Name / Title OR Position #

Date

Time

Distribution: ORIGINAL to medical record, COPY to date entry, then to inmate patient if necessary

NEVADA DEPARTMENT OF CORRECTIONS
MEDICAL KITE and / or
SERVICE REPORT

NAME

NELSON HAVATA

DOC #

1044443

DOC 2500 (REV. 7/01)

EXHIBIT ~~8~~"9"

9 pgs

Exhibit "9"

U.S. Department of Justice
Civil Rights Division
Coordination and Review Section



COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the Coordination and Review Section. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

1.* State your name and address.

Name: Nelson Khavata
Address: H.O.S.P. P.O. Box 650 Indian Springs
Nevada Zip 89070

Telephone No: Home: () Work: ()

2.* Person(s) discriminated against, if different from above:

Name: _____
Address: _____ Zip _____
Telephone: Home: () Work: ()

Please explain your relationship to this person(s).

3.* Agency and department or program that discriminated:

Name: Nevada Department of Corrections
Any individual if known: ADD James Cox, ALP C. MORROW
Address: Cold Springs Rd.
Indian Springs NV. Zip 89070
Telephone No: ()

OMB No. 1190-0008
Expires: 07/31/2010

4A.* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

☒ Race/Ethnicity: Hispanic / Latino
☐ National origin: _____
☐ Sex: _____
☐ Religion: _____
☐ Age: _____
☐ Disability: _____

4B.* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

☐ Race/Ethnicity: _____
☐ National origin: _____
☐ Sex: _____
☐ Religion: _____
☐ Age: _____
☐ Disability: _____

5. What is the most convenient time and place for us to contact you about this complaint?

Any time

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: _____
Telephone No: (____) _____

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____
Address: _____
_____ Zip _____
Telephone No: (____) _____

8.* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: July 21, 2010
Most recent date of discrimination: On going practice

9. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

The discrimination and criminal violation of Title 18
USC § 241, 242 is on going.

10.* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

I made multiple requests to see the doctor about the pain in my
legs. Prison officials refused my requests for treatment. Instead they gave
me 400mg of Ibuprofen. Ex. A, NOXX response shows there was an
alleged appointment scheduled, that was 3 months ago. Ex. B shows that

Medical Director never resolved treatment but rather a month later claimed he agreed with the response given in Sept. 2010.

8th Amendment, prohibits cruel and unusual punishment. Since May 2010 I've tried to get treatment for the pins in my legs one which is bleeding out my leg. Other inmates namely whites receive treatments regularly. NOXX made it clear because I'm from South America that only naturalised citizens in prison will receive treatment.

Federal laws 18 USC 241, 242 prohibit prison officials from withholding treatment because of my race and National origin. I'm in pain everyday, I can hardly walk I please need medical treatment.

11. The laws we enforce prohibit recipients of Department of Justice funds from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #10), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

Federal laws 18 USC § 241, 242 prohibit prison officials from withholding medical treatment. They lied about there being any scheduled appointment.

They claim money for treatment is for American citizens not South Americans.

It is a crime to withhold money for treatment let alone withhold treatment.

12. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name Address Area Code/Telephone

To be named to federal investigator

13. Do you have any other information that you think is relevant to our investigation of your allegations?

Inmate Thomas Jones has been monitoring prison officials violating inmates rights and committing federal crimes. He witnessed prison officials withholding medical treatment and claiming money is for Americans not Mexicans. He works with SCR Chiefs Mrs. Friedlander and now Deena Long. in assisting NDOC inmates in filing with DOJ and FBI against NDOC

14. What remedy are you seeking for the alleged discrimination?

Immediate treatment - prosecution for discrimination and federal crimes. Restitution for civil rights violations

15. Have you (or the person discriminated against) filed the same or any other complaints with other offices of the Department of Justice (including the Office of Justice Programs, Federal Bureau of Investigation, etc.)?

Yes ___ No X

If so, do you remember the Complaint Number?

Against what agency and department or program was it filed?

Address: _____

_____ Zip _____

Telephone No: (____) _____

Date of Filing: _____ DOJ Agency: _____

Briefly, what was the complaint about?

What was the result?

16. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

_____ U.S. Equal Employment Opportunity Commission

_____ Federal or State Court

_____ Your State or local Human Relations/Rights Commission

☒ _____ Grievance or complaint office

17. If you have already filed a charge or complaint with an agency indicated in #16, above, please provide the following information (attach additional pages if necessary):

Agency: NDOC

Date filed: 5-18-10

Case or Docket Number: 2006-28-98398

Date of Trial/Hearing: None

Location of Agency/Court: 22010 Cold Springs Rd Indian Springs NV.

Name of Investigator: None

Status of Case: Closed

Comments:

NDOC refused to treat medical condition, instead
claimed throughout process that there was an appointment for
treatment it's been 7 months I've yet to see the doctor for
treatment.

18. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Department of Justice funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

Yes federal grants

19.* We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

Nelyn Llavita

X
(Signature) (Date)

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) See the "Notice about Investigatory Uses of Personal Information" for information about the Consent Form. Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

United States Department of Justice
Civil Rights Division
Coordination and Review Section - NWB
950 Pennsylvania Avenue, NW
Washington, D.C. 20530

Toll-free Voice and TDD: (888) 848-5306
Voice: (202) 307-2222
TDD: (202) 307-2678

20. How did you learn that you could file this complaint?

Thomas O. Johnson works with SCR (DOJ) and FBI Las Vegas NV
field office, in assisting inmates in filing with SCR and FBI against
NDOC. He witnessed the violations and had me submit this complaint.

21. If your complaint has already been assigned a DOJ complaint number, please list it here: _____

If a currently valid OMB control number is not displayed on the first page, you are not required to fill out this complaint form unless the Department of Justice has begun an administrative investigation into this complaint.

U.S. Department of Justice
Civil Rights Division
Coordination and Review Section



COMPLAINANT CONSENT/RELEASE FORM

Your Name: Nelson Llavata

Address: H.O.S.P. P.O. Box 650 Indian Springs NV 89070

Complaint number(s): (if known) _____

Please read the information below, check the appropriate box, and sign this form.

I have read the Notice of Investigatory Uses of Personal Information by the Department of Justice (DOJ). As a complainant, I understand that in the course of an investigation it may become necessary for DOJ to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DOJ to honor requests under the Freedom of Information Act. I understand that it may be necessary for DOJ to disclose information, including personally identifying details, which it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by DOJ's regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by DOJ.

CONSENT/RELEASE

☒ **CONSENT** - I have read and understand the above information and authorize DOJ to reveal my identity to persons at the organization or institution under investigation. I hereby authorize the Department of Justice (DOJ) to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal records and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.

☐ **CONSENT DENIED** - I have read and understand the above information and do not want DOJ to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.


SIGNATURE

3-15-11
DATE

EXHIBIT "10"

2 pgs

Exhibit "10"

2-2-11
MAILED

COMPLAINT FORM

NEVADA STATE BOARD OF MEDICAL EXAMINERS
P.O. Box 7238, Reno, NV 89510

Name of Complainant: NELSON PRIETO-AKA Address: 22010 Cold Creek Rd. P.O. Box 650
INDIAN SPRING NV. 89070 Street/Apt# or PO Box
 City NELSON PRIETO-AKA Zip Code 89070 Daytime Phone: _____
 Patient Name: NELSON HAVATA Patient Birthdate 06-17-1974 Patient Social Security No. _____

Physician Named in Complaint: _____

Physician Address: _____

INFORMATION REGARDING ALLEGATION

Nature of Illness: _____

Have you obtained a second opinion from another physician? Yes ☒ No ☐

If yes, please give name of second physician and second physician's diagnosis.

Name: C.C.D.C.

Diagnosis: _____

STATEMENT OF COMPLAINT

Type or neatly print your complaint below. Be as brief and concise as possible. Use the reverse side of this form if necessary.

I HAD A MOTORCYCLE ACCIDENT PRIOR TO MY INCARCERATION THAT REQUIRED ME TO HAVE AN "ORGANIC TITANIUM" ROD AND 6 SCREWS INSERTED IN MY LEFT LEG. I WAS PUT IN JAIL ON 9-9-09, WHERE I STAYED UNTIL 12-8-09. I WAS PLACED IN THE NEVADA DEPARTMENT OF CORRECTIONS CUSTODY AT THE HIGH DESERT STATE PRISON FACILITY. I WAS HOUSED AT THIS FACILITY FOR 1 YEAR AND 43 DAYS. DURING THIS STAY, I MADE MANY REQUEST FOR MEDICAL ASSISTANCE, FILED GRIEVANCES (#2006-28-98398) AND FILED A COMPLAINT WITH THE DEPARTMENT OF JUSTICE. I WAS ONLY SEEN "3" TIMES, AND COLLECTIVELY GIVEN 24 LB. PROAIR PILLS AND SOME BAND AIDS FOR THIS INJURY DURING THAT TIME. FURTHER, I WAS TOLD TREATMENT WAS "NOT POSSIBLE"

AUG 29 2011



Nevada State Board of Medical Examiners

March 9, 2011

Nelson Prieto(Llavata)#1044443

Re: N/A

We have received your complaint; however, for the reason(s) indicated below, we either cannot investigate your complaint as stated, or we do not have jurisdiction to investigate:

- ☒ You have not identified a health care provider (a person).
- ☐ The person you identified is NOT a licensee of this Board.
- ☐ No jurisdiction. Your complaint has been forwarded to the listed agency, who we believe has jurisdiction. A copy HAS been retained by us.
- ☒ No jurisdiction. NRS 630 (the Medical Practice Act) does not cover (provide us with jurisdiction over) the situation you describe, and we cannot identify any agency which might have jurisdiction.
- ☐ This case has already been investigated under case #.
- ☐ We are unable to read and understand your complaint. Please resubmit a copy stating specifically what your complaint is.
- ☐ Other:

If you have any questions about this determination, please write or call at the contact information provided below. In State Toll Free: (888) 890-8210 or Out of State (775) 688-2559.

Investigations Division, Intake, Nevada State Board of Medical Examiners.

CERTIFICATE OF SERVICE BY MAIL

I do certify that I mailed a true and correct copy of the foregoing "first Amended" Civil rights complaint Pursuant To 92 U.S.C. § 1983 to the below address(es) on this April day of 2011 , by placing same in the U.S. Mail via prison law library staff, pursuant to FRCP 5(b):

ATTORNEY GENERAL OFFICEHeather D. Procter D.D. 4.100 N. Carson St.Carson City, Nevada 89701-4717Attorney For Defendant Tj☒ Check for Additional Addresses Below

Nelson Uquay #1044443
 Lovelock Correctional Center
 1200 Prison Road
 Lovelock, Nevada 89419

In Pro Se

ADDRESS(ES) Continued from Above (If Applicable):

clerk of The U.S. District
Court District of Nevada
333 Las Vegas Blvd So. RM 1334

Las Vegas, Nevada 89101

Attorney For _____

_____, Nevada 89_____

Attorney For _____

_____, Nevada 89_____

Attorney For _____